EXHIBIT A

Page 2 of 9 6WENDOLYN 6UY 7 pg w/co T-ROM: BRUCE NUSSBAUM 8-459-7676 COURN POEAST MOSESS THES INO DIGIPATHS FOR PHOENIX IF YOU WEED ANYTHING PREASE CALL SONATHAN PRANCES AT 8.459-1954 OR ACALL ME AT MY HOME 301 948-5036. In AM MOVING TODAY SO IT MAY BE VERY DIFFICULT TO GET IN TOUCH. Buce

Greater Washington CBU

是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
1301 K STREET NW , SUITE 300 WEST WASHINGTON, DC 20005 202-962-787
DATE: 10/8/99 NUMBER OF PAGES: 3
TO: Patrie to Woliver
FAX NUMBER: 8-736-2620
FROM: Janathan Frances
TELEPHONE #: 8* 459-7954
COMMENTS: Here are the changes thanks for everything.

L	EASE A	A GREI			20,00	2.00 /	L.	7		Тне		NT COMPANY	7	
· Cu	istomer's Le	agal Nama	(1)	HOENIX	COUR	CORP. P	/ /	/			XE	KOX		
				HAI EÉHL		THE PERSON		ck all that apply						
				MAY OF				Tax Exempt (Cer		ached)				
	eet Address		22.	912 E	BLIEVE	od ct	-	Assoc/Coop. Na	me:	3.05				
Во	x#/Routing						- וצו	Negotiated Contr	act #:	<u> </u>				
Cit	y, State		SI	ERLAIC	.VA			Attached Custom Lease:	er P.O. #s:	Suppli	es:		_	
Zip	Code		201	66.				State or Local Go	Ween mant (~				
Tax	x ID#										ulas C			
Cu	stomer Nan	ne (Înstall)	186	a PHOE	T/14 (20)		Int. Rate: % Total Int. Payable: \$ Replacement/Modification of Prior Xerox Agreement							
	me Overflo			OL FARELI	NIX SCX	UL	. 🗆 1	Replacement/Mo	odification	of Prior X	erox Agreeme	nt		
_		,				~~~ -		Agreement coveri	ing Xerox f	Quipment	Serial# (or 95#):		
	talled at Str		is ∠8∠	249 PA	WEVIK.	W	. i	s hereby 🔲 m	odified.	replaced.	. Effective Da	te: / /		
Flo	or/Room/R	outing				- -		comments:				. – – –		
Cit	y, State		HH	LECKS I	041	KI.		e Information	1 -					
Zip	Code			242				.ease Term:	60	month				
Cor	unty Installe	d In					l	Supplies inclu	ided in Bas	e/Print Ch	arges			
			all Date	7.28,99				L Kelin. of Prio	r Agm`t.:	Xerox (9	5#)	3rd Party E	q.	
				_''			•	Amt Refin: \$	—— '	nt Kate:	% Total in	it. Payable: \$		
	ase Payme	ent Infor	mation											
	th serial nu	mber, if in	place equip	oment)		Purchase		Down	1. 1	Fin'l Cu	ist			
				1) TWISF	20-17	S FMV		Payment		nterm Inst				
(1) 10	BIPCA			COUST	MIC	5 FMV	⊣°		- 무 -	무나무				
	DSCAN					S FM			 	 				
	PTICAL					S FMV.	\neg		一十	등 등				
UL	MRTBI					S FMV								
\$	1951	-: MI	INIMUM M	MONTHLY L	EASE PAYM	ENT (excl of a	pplic.	taxes)						
Pri	ce Inform					djustment Per			J					
	•				Period A - N	Mos. Affected:			Perio	d P. Man	A 65 1			
Mo	onthly Base	Charge		5 /951				s		d B - Mos. onthly Base		<u> </u>	_	
Pri	nt Charge N	Actor 1:				rge Meter 1:				nt Charge		S		
Pri	nts	1 - 4	~	5 0	Prints	1 -		\$		nts	1 -	S		
Pri	nts	-		\$	Prints	•		S		nts	_`	<u> </u>	Mary 1	
	nts	•		\$	Prints	•		\$	- Pri	nts	-	5		
Pri	nt Charge N	Aeter 2:			Print Cha	rge Meter 2:				nt Charge i	Meter 2:			
	nts	<u>l -</u>		\$	Prints	1 -		\$		nts	1 -	S		
<u>Pri</u>	nts	<u> </u>		\$	Prints	*		S	Pri	nts	-	S	_	
	Min.# of P	_			Mo. Min.# o					Min.# of Pr			_	
(bas	ed on Mete	r I Print C	harges):		_(based on M	leter I Print Char	rges):		(bas	ed on Mete	r I Print Charg	es):		
	Purchased	Sunnlie	r □Coch	☐Financed {	70			4 11 41 C					_	
Rec	order#	Qty	Description			ice		Application Se	oltware	1				
					5		30	ftware Title		3	icense Fee	Annual Renewal F	cc	
					S				···	S Cash	☐ Finance	Support Only		
-			_	-	S					5		S		
			·····		5			····		5		S		
			Total Price	=	S		To	tal Initial License	Fees =	5		3		
									1003 -	13		J		
	Trade-In	Allowand	e Final	Principal Paym	ient#			K-16 Billing		Addition	nal Ontions (check all that apply)		
_Ma	nufacturer		Model/Se	erial #		Allowance	_	pension		Run	Length Plan	Fixed Price Plan		
								ck I as required)			oot Pricing			
			ļ					iths affected		☐ Exten	ided Service Ho	ours:		
	-	·	1				_	une only uly only			ription:	/\$	mo.	
_				owance =	5			ury only august only			. Replacement	Program: \$	_	
Total	i Allowance	Applied to		e-In Equipmen				une - July			hed Addenda	\ famili		
				of Replaceme	nt Equip.:\$			uly August		with	· C.	_ / !Utill#	-	
Agreem	ent Prese	ented By					Cu	stomer:			Λ		_	
Name	K	VE	LIVS	AVM Ph	one 901_	9627676	' Nar	1 1	YVL	SP K	Phon	A703 834	///	
Xerox Cor	poration - A	cceptance	By:	- ·		70000		110	Du -	, / /		1111	• ((
Name		•	•	Da	te.		Titl	· V.K. F	HOER	18 90	co DAGO	1 9/27/9	15	
Signature					··		Sim	nature	1		~///	, , , , , , , , , , , , , , , , , , , ,	7	
Form 51860	(10/07)				· · · · · · · · · · · · · · · · · · ·		Jigi		Je~	g()	1 1		_	
	(10031)										1			

	LEASE A	AGREE		HOENIX	Caron	cope O	1	<i>)</i>		THE DOCUMI	ENT COMPA ROX	ANY		
	Customer's L	egal Name (NO ECO	N'I CAAPH I I	1 440	LY DUNED	Check	all that apply			- 127			
	Name Overtile	w (if needed	154351	PHAY OF	VIICEL IX	COUR CERP		ax Exempt (Cen		hed)				
	Street Address			912 6	SPICE IN	DAN OT	□ A:	ssoc/Coop. Nar	ne:					
	Box#/Routing	•	2.5.	J_ C_ CEZ/	TIBLE WI		₽ N	egotiated Contra	act #: 07/	07/68 06				
	City, State								er P.O. #s:	Supplies:				
	•							ease:						
	Zip Code		601-	bl				ate or Local Go						
	Tax ID#						Int. Rate: % Total Int. Payable: S							
	Customer Nar	ne (Install)	·UH	DENIX-1	caoa		R	eplacement/Mo	dification of	Prior Xerox Agreem	ent			
	Name Overflo	w (if needed		- /		_ 6	Replacement/Modification of Prior Xerox Agreement Agreement covering Xerox Equipment Serial# (or 95#):							
	Installed at Su	reet Address	182	249-F1	WEUX.	IR	is	hereby 🔲 mo	odified. 🔲	replaced. Effective D	ate: / /			
	Floor/Room/R	outing				٠,	Cc	mments:				-		
	City, State		VIA	BISTON	IN, M	d		Information						
	Zip Code		217	41,	++	9		ase Term:		_ months				
	County Install	ed In	'					Supplies inclu						
			11 Days 9	129199			ں ۵۰	Reilii. Oi Phoi	r Agm t.: 🔲	Xerox (95#)	3rd Pa	arty Eq.		
			•	_'WL'27			A.	iii Keiii. 3	m	Rate: % Total	Int. Payable: \$			
	Lease Paym Product	ent Inforn	nation						,					
	(with serial nu	mber, if in p	olace equip	ment)		Purchase Option		Down Payment		n'I Cust	•			
1)	DIGIF	ATU		(1) 74	WSPAIR	S FMV	<u> </u>	Fayment	Install Inte					
(i)	DIGIPO					s FM	7							
()	ADDSCA					5 the								
73	OFTICA	<u> </u>	·			S FMY,	_] []				
(0)	MKTBL	1 - 10				S FMV]				
	<u> </u>	/ : MII	NIMUM N	MONTHLY LI	EASE PAYN	MENT (excl. of a	pplic. t	axes)						
	Price Inform	ation				Adjustment Per	riod		_ -					
	Monthly Bas	Charge		1000		Mos. Affected:		-		B - Mos. Affected:	-			
	Print Charge			\$ 1951		Base Charge		\$		thly Base Charge	5			
	Prints		00	Print Charge Meter 1:				Print Charge Meter 1:						
	Prints	` .		5	Prints			S	Print Print					
	Prints	•		s	Prints	<u> </u>		s	Print		<u> </u>			
	Print Charge	Meter 2:				arge Meter 2:				Charge Meter 2:	3			
	Prints	1 -		S	Prints	1 -		S	Print		S			
	Prints	• .		S	Prints	-		\$	Prints		5			
	Mo. Min.# of	Prints			Mo. Min.#	of Prints			Mo. Mi	n.# of Prints				
	(based on Met	er I Print Cl	narges):		_(based on A	Meter I Print Char	ges):		(based	on Meter I Print Cha	rges):			
	□ Purchase	d Sunnlies	□ Cach	☐Financed	Contract#			anliantian C	· C4					
•	Reorder #		Descriptio			rice		Application So ware Title	ottware					
		137			- ·		3011	ware title		Initial License Fee	Annual Rene			
•					5					Cash Finance	Support C	nly		
					S		<u> </u>			S	<u>s</u>			
					S					S	s			
			Total Price) =	S		Tota	l Initial License	Fees =	S				
	П Т	A 11												
		Allowanc	T.	Principal Payn	nen(#			-16 Billing	4	Additional Options	(check all that a	oply)		
	Manufacturer		Model/S	CUST &		Allowance		ension k I as required)		Run Length Plan	☐ Fixed Price	Plan		
	· · · · · · · · · · · · · · · · · · ·		 			\$		hs affected		☐ Per-Foot Pricing☐ Extended Service I	January.			
						\$		ne only	ι	Description:	touts: / \$			
			Total Al	lowance =		\$		ly only	ſ	☐ Comp. Replacemen		_ mo.		
	Total Allowand	e Applied to		le-In Equipmen				igust only	_	Attached Addenda				
•		uppates to		e of Replaceme				nc - July	_	form#() form#			
Àør	cement Pres	ented Ru		- vwpiacoite				ly - August	$\overline{}$					
Vame		1ENV	_	<u>س</u> وما	00000 /	ימור חיו		7)~ 4	, Tru	CENA Ph				
	Corporation -			TVP1 IT	IUIIS AT S	627676	Nam		3 16 (MA Ph	09 <u>9 703 8</u>	<u>54_///</u>		
Varno Varno		чесериалее	IJy.	_			Title	[]X1 62	Horas	(Certok Da	6 9/17/	50		
vanik Signa	-			Da	ate		C7 -	0	7	1)	1			
							Signa	ature 🖳	<u> </u>	W. M	U			
·orm 5	1860 (10/97)									' 1	_	_		

LEASE AGREEMENT

								ll that apply						
	Name Overflo	w (if needed	1 <i>50/35/L</i>	DIANY OF	PHIELIK	COUR CORP	■ Tax	Exempt (Certi	ficate Attach	ned)				
	Street Address	5	22	911 B	46CEW			oc/Coop. Nam						
	Box#/Routing	;					Nego	ched Custome	CL#: <u>// //</u> c	77/68 OL				
	City, State		5.7	ERLING	-UA	'		e:	1 F.O. #5.	Suppues.	· · · · · · · · · · · · · · · · · · ·			
	Zip Code			bl				or Local Gov	ernment Cus	stomer				
	Tax ID#			- -			Int. I	Rate: 9	6 Total Ir	nt. Payable: \$				
	Customer Nar	ne (Install)	ÚН	DENIX	Cara		☐ Rep	lacement/Mod	lification of	Prior Xerox Agreeme	nt			
	Name Overflo	w (if needed	1)	•		_				ipment Serial# (or 95#				
	Installed at Street Address 18249 PHOFUX IR								dified. 🔲 1	replaced. Effective Da	te:// _			
	Floor/Room/R	louting				. <i>,</i> .		ments:						
	City, State		XIA	3ELSTOW	IN, M	q'		e Term:	60	months				
	Zip Code		217	42	'	•		Supplies inclu						
	County Install		,								3rd Party Eq.			
	Customer Req	uested Insta	ıll Date 🙎	129199			Amt	Refin: \$	Int	Rate: % Total in	nt. Payable: \$			
	Lease Paym	ent Inform	nation											
	Product (with serial nu	ımber if in	nlace equin	ment)		Purchase		Down	Prev Fi					
			·	(i) To	£1.0	S FMV	-	Payment	Install Inte					
γ'	DIGIPO			(1) 16	til) i till	s ranv	ヿ゙゙		급급					
i)	HOO SCA	iじーit				5 FMV]							
	OFTICH					S FMY	-		무나무					
(1)	MRTBL		NTMT IM N	MONTHI V I	FASE DAVE	MENT (excl. of ap	nolic tax	(20)]				
	+ 1/3	·	- INDIVIDIRE	TOWN TO THE POPULATION OF THE										
	Price Inform	nation				Adjustment Per	iod							
						Mos. Affected:				B - Mos. Affected:	<u>• </u>			
	Monthly Bas Print Charge			\$ 1951 — Monthly Base Charge Print Charge Meter 1				\$		Monthly Base Charge \$				
	Prints Prints		00			1 -		S	Print	Charge Meter 1:				
	Prints			5		•		<u>\$</u>	- Print		- S			
	Prints	-		\$ Prints S Prints		-		\$	Print		<u> </u>			
	Print Charge	Meter 2:		Print Cha		arge Meter 2:			Print	Print Charge Meter 2: Prints 1 - \$				
	Prints	1 -,		S Prints S Prints		1 -		\$						
	Prints	-,		S	of Prints		\$	Print	s - in.# of Prints	<u> </u>				
	Mo. Min.# of (based on Met		harges):			Meter 1 Print Char	ges):			in.w of Prints i on Meter I Print Char	ges):			
	Reorder #	Qty Q	S □ Cash Description	Financed		Price		oplication Sc	ftware		1			
	ICOIGCI W	100	Descriptio	лі		S S	Softw	are Title		Initial License Fee	Annual Renewal Fee			
										Cash Finance	Support Only			
						5				\$	S			
										\$	S			
		l	Total Price	e =		<u> </u>	Total	Initial License	Fees =	\$				
	☐ Trade-Ir	ı Allowano	ce Final	Principal Pay	ment#		П К-	16 Billing		Additional Options	(abaala all abaa a a 1)			
	Manufacture		Model/S	Serial #		Allowance	Suspe			Run Length Plan	Fixed Price Plan			
						\$	-	I as required)		Per-Foot Pricing				
			<u> </u>			\$	Month:	s affected		☐ Extended Service H				
			Total Al	lowance =		\$	July	•	•	Description: Comp. Replacemen	/\$ mo.			
	Total Allowan	an Amaliad (na Dalaman		☐ Aug	ust only		☐ Attached Addenda	t i rogiani.			
	TOTAL ALIOWAII	ce Applied	_	ce of Replacem				e - July		form#() form <u>#</u>			
Āgi	reement Pre	sented B			our Edub			- August	- 		· · · · · · · · · · · · · · · · · · ·			
Nam	C		155BH	Him P	hon 2x1 4	627676		7164	, TTY	CERA Pho	99705 834 (()			
	ox Corporation -			,	20127	01/11/10		William	5	- 11 / 1 ···	01			
Nan	•		•	D	ate		Title	LIKA D.	ropali	Keefor Da	c 4/27/55			
Sign	ature			-			Signat	ure 📈	/	$_{\alpha}$ μ μ	\a -			
Form	51860 (10/97)								` `					
									\	•				

LEASE AGREEMENT

										k all that apply					
	Name Overflor	w (if need	ed SUBSLI	2146	V OF	PHOENI	X-Cox	ch Cas	AT I	ax Exempt (Cer	tificate Attac	hed)			
	Street Address		22	97	25	BLEW	COUL		A D	ssoc./Coop. Nai	ne:	00.44			_
	Box#/Routing				·					legotiated Contr					
	City, State		SI	<u>زران</u>	كالمارب	אג				ttached Custom ease:	er P.O. #s:	Supplies:			
	Zip Code									tate or Local Go	vernment Cu	stomer			
	Tax ID#									it. Rate:			s		
	Customer Nam	ne (Install)	8	B	PHOP	UN CC	y 1:1			eplacement/Mo	diff and an a	6 D. J			
	Name Overflow		ed)	<i>U</i>					и А	greement coveri	ng Xerox Fo	uinment Ser	ox Agreeme is!# (or 95#)	nt ·	
	Installed at Stre	eet Addres	~ 18	24	is PA	EEU1X	2							te: / /	
	Floor/Room/Ro	outing					•-		C	omments:					
	City, State	•	Hx	186	1570	ON N	rET			Information —		_			_
	Zip Code		21	74	12_		-4-			ease Term:	60				
	County Installe	ed In								Supplies inclusion of Prior				3rd Party Eq	
	Customer Requ	uested Inst	tall Date	912	3,99				Ā	mt Refin: \$	Int	Rate:	% Total In	LI STO PARTY EQ	t-
	Lease Payme												_		
	Product					,	1	Purchase		Down	Prev Fi	n'l Cust	1		
(1)	(with serial nu					,		Option		Payment	Install Int]		
	DIGIPAT DIGIPCA			(1) 7	GUSH	411	\$	TANV	s			-	-		
£ii	ADDSCAL						\$	FANT.] 	-		
	OPTICAL	-/+						mu'.					1		
U	LMRTB							MV]		
	\$ 1951	-: M	INIMUM I	MON	THLY LE	EASE PAY	MENT	(excl. of a	pplic.	taxes)	j				
	Price Inform	ation					Adjus	tment Pe	riod						
	Monthly Pers	Charas		1.	14 11	Period A				-i		B - Mos. A			_
	Monthly Base Print Charge I					→ Month! Print C				\$		thly Base C		\$	_
	Prints		00	S		Prints	nar ge ivi	1 -		S	Prin	t Charge Me	1 -		I
	Prints	·	· · ·	S	7	Prints				s	Prin		-	S	_
	Prints	•		\$		Prints		-		S	Prin		•	- s	-
	Print Charge I	Meter 2:		F		Print C	harge M	eter 2:		Z. BRACK	Prin	Charge Me	ter 2:		
	Prints	1 -		\$		Prints		1 -		S	Prin	ts	1 -	\$	-
	Prints			\$		Prints	4 - CD '-	-		\$	Prin			S	_
	Mo. Min.# of F (based on Mete		Charges): _			Mo. Min.i (based on			rges):			in.# of Print d on Meter I	s Print Charg	es):	_
	☐ Purchased	l Supplie	es 🗆 Cash	□Fi	nanced [☐ Contract#	;			Application S	oftware				
	Reorder#	Qty	Description	n			Price			tware Title		Initial Lice	nse Fee	Annual Renewal Fe	
			<u> </u>				\$					☐ Cash	☐ Finance	☐ Support Only	•
			 				\$					S		\$	_
			 				\$ \$		-			\$		\$	
			Total Pric	e =			\$		Tot	al Initial License	Fees -	S		\$	
	□ Trade-In	A 11					<u> </u>				1003 =				
	Manufacturer	Allowan	Model/S		ipal Payn	ient#	Allow			K-16 Billing pension		Additiona	Options (check all that apply)	
	Mailutactuici	-	Model	SCITAL .	*		Allow	ance		ck I as required)		Run Les		☐ Fixed Price Plan	
			+				S			ths affected		☐ Per-Foo	t Pricing od Service Ho	oure:	
					-		\$			une only		Descrip		•	10.
			Total A	llowar	nce =		\$			uly only			Replacement		_
	Total Allowance	e Applied								ugust only une - July		☐ Attache		\ C#	
				∞ of F	Replaceme	nt Equip.:_	\$			uly August		form#_		_) form#	-
Agr	eement Pres	ented B		र्वेश्व	Jua Dh	one 202	ar.	07/7	Cu Nan	stomer:	The	01	1	02.7 411	-
	x Corporation -	Acceptance	e By:	- 7.1	<u></u>		-/6	LL 16 1 5		110	a.	- // -	- Proof	1703 854 C	71
Name	•	F	- 3-		Da	ite	٠		Title	• \ <u>V.K. /</u>	KOEN	18 Apr	0 040	1 9/27/9	1
Signa									Sign	nature		2 P	J~1/		
-	51860 (10/97)								0*	XXX			1/5	<i></i>	-
	•									**,	*****		1		

★★ DOTTED AREAS ★★
To be completed by the Sales CBR.
All other areas to be completed by the Sales Rep.

ORDER AGREEMENT INTERNAL DOCUMENT

									
Customer Number — 95 Customer N	iumber Sale Range Work		Produc	161PATH				Order Number	
Customer Name	Ordertaker	Loc Install R	ep Loc O	der Emp# Instal	ll Emp#	Warr	Mos Equip BCD -	Maint BCD	
(EDHNIGKAPIFIX	(KNOEN)			557496 A	6BI	W		[
Sale Price List# Maint. Price	List #/ Plan Description			Rental Price List	#	Applica	ble Marketing Guid	le Article(s) # Data Uni	į
Config. Override Override Data Unit	Commission Waiver Code	Networ	- m		m	L		CP/	<u>15</u>
		116640	КШ	Poolis	ald ITA		Pooling	ID / Type (not CPC relate	rd)
Tax Exempt Tax Codes UYes UNo State: 1	County: City:	Tax Overri LIPT	idea &D □P&	A DRent DSale D	lOther	Geo Code State :	County:	City:	
Standard Industrial Code (SIC) Install	Establishment# Natur	re of Business	9.16	1.11	 -		_	Business - XNAC	
·		- FOR	INS	1106	 -		L	[
METER READS (in place equipment)	NUMBER OF EMPLOY at the Customer's Location		State and I			CUSTOMER	INVOICING REQU	JREMENTS (check all the	r abb
1	1. 1-9 5. 140		Com	tract	X				
•			Fed. Ge Contra			Ма	er Collection	Meter Cards	
2.	2. 10-19 6. 500		Пс	rsineut Firm Contract Optic	_	Single invoi			_
3.	3. 20-49 7. 100	i		•	i	Finance Sur	rvoicing Electronic	Funds Transfer Overric	
4.	4. 30-99 8. 150			rument Fiscal Year Option	1	EBS	nemery	IMI Code	
5.	9. 🗌 250	00+		The state of the s	1	Statement Invoicing	Link#		_
Supplies Automatic Replenishment Pr	int Volume Adj.			Supplies Automatic R	eplenisi		<u> </u>		=
*Required for Supplies Included Ma	achines			To Address *Required for Suppli	lee Inclu	dad Maahim			
Monthly Print Volumes (fill in all month	z)			Same as Install Address		_	es hip-To Address Bel	ow	
Jan Feb	Mar	Apr					vame		
May Jun	Jul	Aug				Phone			
Sep Oct	Nov	Dec	1			Speci.	d Delivery Instructi	ons:	
Delivery / Installation Requiremen	its		<u>-</u>			-			—
Delivery Contact:	1914		Phone	1800 632	4111	Ext. <u>5</u>	099		
Alternate Delivery:	1111		_ Phone			Ext			
Survey Contact: Survey Contact: Delivery Location/Department:	rese			703 834/11	<u>/</u>	Ext.			
<u> </u>		Floor #:	_				☐ Marble ☐ 0	Other	
					oorway \		RIC/FAX#	······································	
Zading Dock Elevator: □ Passenge Steps # Landings # □:	er Li Freight Li Upend Re Space Ready? []Site Cleare					Des	-NOT	ES-PORT	~
In place equipment / furniture needs to			ohone Line		Lanca.			preces	7
	wer Cord Type Volts	Amps				4-5	1418	AS.A.	_
20 Amp Receptacle To Customer Cus		•	es 🗆 No						
Customer acknowledges request to be bill				llable equipment? [7] Soft					
DTR Site Verification required?									
☐ Installation Preparation Document revi		T Satisfaction (Ritr				
☐ Pick up trade unit at same time as			RC Code:	on product	<u> </u>	pack Kit?			
Make:	Model:		•	ial Number:		-	itive Equipment R		
* * EXCEPTION A	APPROVALS SHOULD	BE ORTAI			TO SII				
Check all that apply:				dicate approval for t				BRXX	
☐ Competitive Trade-In Range Extension	Promotion	Organization C	2 OCIÓN II	streetic approvat for t	uic iven	is checked o	a the lett		
☐ XTI / CTI / CRP Headquarters Exception									
☐ Waiver of Rental ETCs	AL UNITORAL								
Other		CBU Man	ager, Sale	Operations	·			Date	—
Other									
Other		1							
•		CBU Cont	roller		-		*	Date	

★★ DOTTED AREAS ★★
To be completed by the Sales CBR.
All other areas to be completed by the Sales Rep.

ORDER AGREEMENT

INTERNAL DOCUMENT

Customer Number — 95 Customer No	umber Sale Range Worksheet	Vuit — Produ	DIGIPATU		Order Number						
Customer Name		Install Rep Loc O	rder Emp# Install Emp#	1	Equip BCD Naiet BCD						
TECHNICRAPETY/PU	BENIX!] [959496 AGBI								
Sale Price List # Maint. Price	List#/Plan Description		Rental Price List #	Applicable Mi	arketing Guide Article(s) # Data Unit _						
Config. Override Override Data Unit	Commission Waiver Code	Network ID	Paoling ID		Pooling ID / Type (not CPC related)						
Tax Exempt Tax Codes UYes ONo State:	County: City:	Tax Overrides UPT&D Pr	&A 🗆 Rent 🗆 Sale 🗀 Other	Geo Code State:	County: City:						
Standard Industrial Code (SIC) Install i	Extablishment# Nature of	RINTI	NG		Years in Business XNAC						
METER READS	NUMBER OF EMPLOYEE		74	CUSTOMER INVO	ICING REQUIREMENTS (check all that ex						
(in place equipment)	at the Customer's Location		estract	Outbound	= =						
1.	1. 1.9 5. 22 100-49	Contr			lection						
2.	2. 10-19 6. 500-99	I □ c	erament Firm Contract Option	Single Invoicing	Electronic Invoicing Electronic Funds Transfer Sommery Override						
3.	3. 20-49 7. 1000-1	1 🗆 😋	verument Fiscal Year Option	Finance Summary							
4.	4. 50-99 8. 1500-2	2499 Go	vernment Fiscal Year Begins:	EBS	Code						
5.	9, 🗌 2500+	• [Statement Lin	ık#						
Supplies Automatic Replenishment Pr	-		Supplies Automatic Replent To Address	ishment Ship-							
*Required for Supplies Included M Estimated Print Volume (EMCV)	acrunes		*Required for Supplies Inc	cluded Machines							
Monthly Print Volumes (fill in all month	hs)		Same as Install Address	☐ Ship-T Attn Name	o Address Below						
Jan Feb		/fbx		Contact Na							
May Jun		Aug		Phone Special De	livery Instructions:						
Sep Oct	Nov E	Dec									
Delivery / Installation Requirements Delivery Contact: Phone: 800632 411 Ext. 5055											
Delivery Contact:	o mer	Pho	,	/ Ext. <u>///</u> Ext.	27						
Alternate Delivery: Survey Contact:	TYITA		ne: 703 874 11		_						
Delivery Location/Department:	Fk	oor#: Room	#: Flooring: C	arpet Tile 🗆	Marble Other						
Delivery Entrance: Front	☐ Back ☐ Side Deli	ivery Hours 7AM	To 5PM Doorwa	ay Width	RIC/FAX#						
Loading Dock Elevator : Passeng	ger 🔲 Freight 🔲 Upend Requ	aired? □Rails Need	ed? Staircrawler Tech. Re	гр. (С	-NOTES						
Steps # Landings #	Space Ready? Site Cleared	7 🔲 Supplies Orde	red	1 YLON	SE SKOCES						
In place equipment / furniture needs	to be moved prior to delivery?	Telephone Lin	ne Ready?	LAND	SHIP ASAP						
Electricity / Receptacle Ready Po	ower Cord Type Volts	Amps		AIOD	3011 113111						
20 Amp Receptacle To Customer C	ustomer 20 Amp Receptacle instr	alled? 🗌 Yes 🔲 🗎	√o								
Customer acknowledges request to be b	illed for Xerox Service Installation	charges on customer la	nstallable equipment? 🔲 Software								
☐ DTR Site Verification required? ☐	Obstruction / obstacles in the d	elivery path? If check	ed, explain in space to the right.								
☐ Installation Preparation Document re	viewed?	Satisfaction Checklis	t Completed?								
Pick up trade unit at same time a	as delivery? Date:	ERC Coc	le:	Repack Kit?							
Make:	Model:		Serial Number:	Competitiv	e Equipment Replacement Tag#						
* * EXCEPTION	APPROVALS SHOULD F	BE OBTAINED B	Y SALES REP PRIOR TO	SUBMITTING O	RDER TO CHR ★ ★						
Check all that apply:		Signatures belov	v indicate approval for the i	items checked on t	he left						
Competitive Trade-In Range Extensi	on Promotion	·									
☐ XTI / CTI / CRP Headquarters Excep	ption Approval										
☐ Waiver of Rental ETCs					D.A.						
Other	!	CBU Manager, S	ales Operations		Date						
Other											
Other											
		CBU Controller			Date						